

SMP — State Maintenance Plan

Administered by Blue Cross & Blue Shield United of Wisconsin



**BlueCross & BlueShield
United of Wisconsin**

An independent license of the Blue Cross
and Blue Shield Association

What we are

The SMP program provides maximum health care coverage over a broad range of benefits in a managed care environment.

Each SMP participant selects a primary care clinic that directs the health care services of the participant and family.

SMP is administered by Blue Cross & Blue Shield United of Wisconsin (BCBSUW) – a local company known for its service, convenience, automated processing, and the I.D. card that is recognized and accepted across the nation.

Where we are

In addition to our corporate headquarters located in Milwaukee, we have three service centers as listed in the box to the right. We can answer questions about claims or benefits in our offices, by letter or by telephone. To provide more convenient service, walk-in customer service is available at each service center.

bluecrosswisconsin.com: An interactive Site for Active People Service Direct

With our exclusive Service Direct feature, you can obtain customer service through our web site 24 hours-a-day, 7 days-a-week. Click on the NEED CUSTOMER SERVICE? button and you can:

- Check on claim status
- Order new ID cards
- Check on eligibility & benefits
- E-mail Customer Service

Quality Initiatives

- Effective January 1, 2004, BCBSUW will be implementing a higher processing standard for written inquiries. It is our goal that 100% of written inquiries be resolved within an average of 12 working days.

Exclusions and Limitations

- Physical exams requested by third parties (i.e. school, insurance, etc.)
- Services or supplies for custodial care or rest cures as defined by contract
- Cosmetic surgery
- Services, supplies or equipment that are not medically necessary, or that are experimental/investigational
- Eyeglasses, contact lenses or hearing aids or examinations for their prescription or fitting
- In vitro fertilization or artificial insemination
- Weight loss programs, services or supplies
- Organ transplants except as specifically provided
- Care covered by worker's compensation
- Reversals of sterilization
- Dental services except as specifically provided

Plan features

- A formal referral from your primary care clinic is required for all services sought from a provider not located in an SMP county and/or when seeking in-network or out-of-network behavioral health services
- Late referrals will not be allowed.
- Preventive dental and vision is available for children.

Covered Services – subject to deductible:

- Hospital services (The Advantage Program requires prior notice of non-emergency admissions, or within 48 hours after an emergency admission.)
- Maternity care
- Extended care facility (except custodial care)
- Surgery
- X-ray and laboratory services
- Office calls
- Routine physical exams

Covered Services – subject to deductible:

- Physical, speech, and occupational therapy when necessitated by illness.
- Ambulance
- Extraction and/or replacement of natural teeth when necessitated by an accidental injury.

This is intended as a general outline of benefits. It is not intended to be a complete description of coverage and does not serve as a legal document. For a complete listing of benefits, limitations, and exclusions please refer to the Benefit Handbook available through your personnel representative or call us at BCBSUW.

Service Centers

**Customer service hotline for
State of Wisconsin employees
1-800-755-6400**

Northeastern Service Center

145 South Pioneer Road
Fond du Lac, WI 54935
(920) 923-4141

Southwestern Service Center

500 Hwy 151 East
Platteville, WI 53818
(608) 882-5967

Western Service Center

2270 EastRidge Center
Eau Claire, WI 54701
(715) 836-7737

Or e-mail us at our web site:
www.bluecrosswisconsin.com

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Deductible is \$100 per person, per calendar year; maximum of two per family.

\$2,000,000 per lifetime maximum benefit.

Health Benefits	Plan Pays	Limitations
Physician	100%	Selected primary physician or upon referral from primary physician. Subject to deductible
**Hospital	100%	365 days in semi-private room. Subject to pre admission certification. Subject to deductible
Laboratory and X-rays	100%	When requested by primary or referral physician. Subject to deductible
Mental Health (Combined with Alcohol & Drug Abuse)	100%	INPATIENT – 120 days or \$6,300 per calendar year, which ever is less.
<i>In 2004, annual dollar maximums for mental health services are suspended.</i>	90%	OUTPATIENT - Of first \$2,000 per calendar year.
	90%	TRANSITIONAL - Of first \$3,000 per calendar year.
Alcohol and Drug Abuse (Combined with Mental Health)	100%	INPATIENT – 30 days or \$6,300 per calendar year, which ever is less.
<i>Maximum for all services is \$7,000 per calendar year, combined.</i>	90%	OUTPATIENT - Of first \$2,000 per calendar year.
	90%	TRANSITIONAL - Of first \$3,000 per calendar year.
Emergency Room	100%	Non-emergency requires referral. Subject to deductible
Extended Care Facility	100%	730 days per admission less hospital days used. Excludes custodial care as defined by the contract. Subject to deductible
Vision Care	100%	For illness or disease only. Subject to deductible Annual routine eye examines for children under age 18.
Prescribed Medical Services/Supplies	100%	Subject to deductible
Transplants	100%	Kidney, cornea, bone marrow, parathyroid, musculoskeletal. Excludes all services related to non-covered transplants. Subject to deductible
Chiropractic Care	100%	Same as physician. Subject to deductible
Ambulance	100%	Subject to deductible
Additional Benefits		
Physical, Speech, Occupational Therapy	100%	Subject to deductible
Home Hospice Care	100%	80 visits per six months. Subject to deductible
Hearing Aid	0%	Not a covered benefit
Oral Surgery	100%	Same as physician. Subject to deductible.
Infertility Services	0%	Not a covered benefit
Preventive Dental Care	100%	Limited to children under age 12.
Prescription Drugs		Separate PBM administration.

SMP covers services only when provided by or referred by your primary physician, except emergency care. Refer to the SMP Directory for hospital and specialty care providers.

**** The Advantage Program requires prior notice of non-emergency hospital admissions or within 48 hours after an emergency admission. Failure to make this contact will result in a penalty of \$100.**